Page 1 of 2 Pages	[] Original	[X] Substitute	[] Supplemental	Atty. Docket: RUSSELLS
Combine	d Declaration	for Patent A	application and P	ower of Attornev

Combined Deciaration for Latent Application and Lower of Atto

As a below-named in	ventor, I hereby declare th	at:		
and sole inventor (if	ffice address and citizensl only one name is listed be is claimed and for which a	low) or an original, first	ext to my name; and that I beli and joint inventor (if plural nan avention entitled	eve I am the original, fire nes are listed below) of the
THROMBOMOD	ULIN (THBD) HAPLOT	YPES PREDICT OUTCO	OME OF PATIENTS	
the specification of w	hich (check one)			
[] [x]	U.S. Appln. No was/will be filed in the U. (PCT) application, PCT/O	*; or .S. under 35 U.S.C. §371 A05/000356 filed 4 Mar	l on, as by entry into the U.S. national : ch 2005, entry requested on 1.10/591.325*; §371/§102(e) da	*;
and was amended on			(if applicable).	
	(include dates of amendme	ents under PCT Art. 19 and .	34 if PCT)	
amendment referred known by me to be n I hereby claim foreig	to above; and I acknowled naterial to patentability as of an priority benefits under 3 reeder's rights certificate(s	lge the duty to disclose t defined in 37 C.F.R. §1.56 35 U.S.C. §§ 119 (a)-(d)	specification, including the cl o the Patent and Trademark Of 5. and 365 (b) of any prior foreign by PCT application which design	fice (PTO) all information application(s) for paten
	Application No.	Country	Filing Date (MM/DD/YY	YY)
application designati date <u>before</u> that of the	ng a country other than th	ne United States) or for a	a application for patent (includi an inventor's or plant breeder's claimed (if left blank, then there Filing Date (MM/DD/	certificate, having a filin are none):
I hereby claim the be	nefit under 35 U.S.C. §119	P(e) of any United States	provisional applications listed b	elow:
	Applicatio 60/549,		ing Date (MM/DD/YYYY) 03/04/2004	
PCT international ap application is not di: U.S.C. §112, I acknow	plication(s) designating the sclosed in such U.S. or Proviledge the duty to disclose became available between	e U.S., listed below and, CT international applications ose to the PTO all inform	-provisional application(s) or u insofar as the subject matter of tion in the manner provided by nation which is material to pate or application and the national	each of the claims of the the first paragraph of 3 entability as defined in 3
Applic	ation No.	Filing Date (MM/DD/YYYY	Status (patented, per	nding, abandoned)
	r, I hereby appoint the for and Trademark Office con		itioners to prosecute this appli	ication and to transact a

All of the practitioners associated with Customer Number 001444

Direct all correspondence to the address associated with ${\bf Customer\ Number\ 001444}$, which is presently:

BROWDY AND NEIMARK, P.L.I.,C. 624 Ninth Street, N.W. Washington, D.C. 20001-5303 (202) 628-5197
 Page 2 of 2 Pages
 Atty. Docket: RUSSEL5

 Title:
 __THROMBOMODULIN (THBD) HAPLOTYPES PREDICT OUTCOME OF PATIENTS

 U.S. Application filled
 __Serial No. 10/591_32s

 PCT (Application filled
 04 March 2005, Serial No.

The undersigned hereby authorizes the U.S. Attorneys or Agents appointed herein to accept and follow instructions from
_as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct
communication between the U.S. Attorneys or Agents and the undersigned. In the event of a change of the persons from whom
instructions may be taken, the U.S. Attorneys or Agents appointed herein will be so notified by the undersigned.

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may ieopardize the validity of the application or any patent issued thereon.

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RESIDENCE		CTTIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF FIFTH JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE
			12.112
RESIDENCE		CITIZENSHIP	L
POST OFFICE ADDRESS			
FULL NAME OF SIXTH JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE
			D.I.I.
RESIDENCE		CITIZENSHIP	<u> </u>
POST OFFICE ADDRESS			

ALL RIVENTORS MUST REVIEW APPLICATION AND DECLARATION BEFORE SIGNING. ALL ALTERATIONS MUST BE INITIALED AND DATED BY ALL DIVENTORS PRIOR TO EXECUTION, NO ALTERATIONS CAN BE MADE AFTER THE DECLARATION IS SIGNED, ALL PAGES OF DECLARATION MUST BE SEEN BY ALL DIVENTORS.

Page 1 of 2 Pages [] Original [X] Substitute [] Supplemental Atty. Docket: RUSSELL5

Combined Declaration for Patent Application and Power of Attorney

helow-named		

and sole inventor (if	ffice address and citizen only one name is listed to is claimed and for which	clow) or an original,	first and joint inv	entor (if plural names	
	ULIN (THBD) HAPLO				
the specification of w	hich (check one)				
[-] [3]	is attached hereto; was filed in the United S U.S. Appln. No. was/will be filed in the (PCT) application, PCT	*; or U.S. under 35 U.S.C. §	371 by entry into	the U.S. national star	ge of an international
	national stage application (* if known)				
and was amended on			(if applicable).	
	(include dates of amenda	nents under PCT Art. 19	and 34 if PCT)		
amendment referred known by me to be m I hereby claim foreig	i understand the conten- to above; and I acknowleaterial to patentability as in priority benefits under reeder's rights certificate isted below:	edge the duty to discledefined in 37 C.F.R. 35 U.S.C. §§ 119 (a)	ose to the Patent §1.56. -(d) and 365 (b)	and Trademark Office of any prior foreign a	e (PTO) all information
	Application No.	Country	Filin	g Date (MM/DD/YYYY)
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application designati date <u>before</u> that of the	priority above, I hereby ng a country other than e earliest application fror on-Priority Application No.	the United States) or n which foreign priori	for an inventor's ty is claimed (if le	or plant breeder's cer	rtificate, having a filing e none):
hereby claim the be		19(e) of any United St tion No. 9.559	ates provisional a Filing Date (MM 03/04/2	I/DD/YYYY)	·w:
PCT international ap application is not dis U.S.C. §112, I acknot C.F.R. §1.56 which that date of this application	enefit under 35 U.S.C. § plication(s) designating schosed in such U.S. or swiedge the duty to discecame available between the control of the	the U.S., listed below PCT international app lose to the PTO all in	and, insofar as the plication in the mander of the manual of the prior application of the prior	ne subject matter of ea nanner provided by the is material to patents	nch of the claims of this ne first paragraph of 35 ability as defined in 37 PCT international filing
As a named invento ousiness in the Paten	r, I hereby appoint the and Trademark Office c	following registered onnected therewith:	practitioners to p	rosecute this applicat	tion and to transact al

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Page 2 of 2 Pages
Atty. Docket: RUSSEL5
Title: THROMBOMODULIN (THBD) HAPLOTYPES PREDICT OUTCOME OF PATIENTS
U.S. Application filed , Serial No. 10591,325

PCT Application filed 04 March 2005, Serial No. PCT/CA05/000356

The undersigned hereby authorizes the U.S. Autorneys or Agents appointed herein to accept and follow instructions from as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. Autorneys or Agents and the undersigned. In the event of a change of the persons from whom instructions may be taken, the U.S. Autorneys or Agents appointed therein will be so notified by the undersigned.

I herdy further declare that all statements made herein of my own knowledge are true and that all statements made on information and helief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. \$1001 and that such willful false statements may iconordize the validity of the application or any aquent justed thereon.

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POST OFFICE ADDRESS			
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RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
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FULL NAME OF FIFTH JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE
FULL NAME OF FIFTH JOINT INVENTOR RESIDENCE	INVENTOR'S SIGNATURE	CITIZENSHIP	DATE
	INVENTOR'S SIGNATURE	CITIZENSHIP	DATE
RESIDENCE	INVENTOR'S SIGNATURE	CTTIZENSHIP	DATE
	INVENTOR'S SIGNATURE	CTTIZENSHIP	DATE
RESIDENCE POST OFFICE ADDRESS	INVENTOR'S SIGNATURE INVENTOR'S SIGNATURE	CTTIZENSHIP	
RESIDENCE POST OFFICE ADDRESS		CITIZENSHIP	DATE
RESIDENCE POST OFFICE ADDRESS FULL NAME OF SIXTH JOINT INVENTOR			
		CITIZENSHIP	

ALL INVENTIVES MUST REVIEW APPLICATION AND DECLARATION BEFORE SIGNING. ALL ALTERATIONS MUST BE INITIALED AND DATED BY ALL INVENTIORS PRIOR TO EXECUTION. NO ALTERATIONS CAN BE MADE AFTER THE DECLARATION IS SIGNED. ALL PAGES OF DECLARATION MUST BE SEEN BY ALL INVENTIORS.